

FOR STATE
HEALTH DEPT.

10 DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with Form RM3. Page 5 may be retained for your files.

10 FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

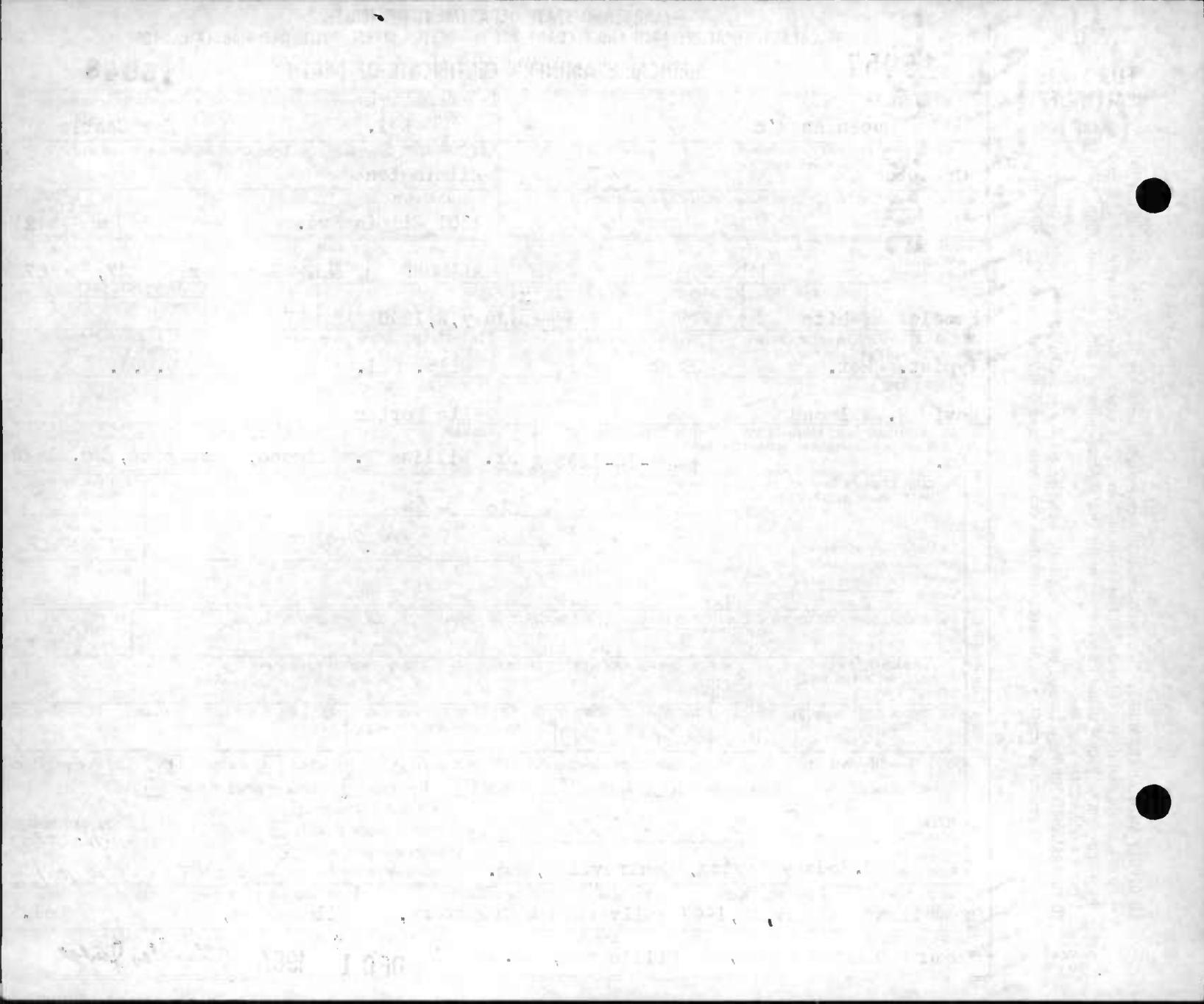
MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15957

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

15948

1. PLACE OF DEATH a. COUNTY Queen Anne's MARYLAND			2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Del.		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crumpton		c. LENGTH OF STAY IN lb 5 days		b. COUNTY New Castle	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)			c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Wilmington		
d. STREET ADDRESS 1301 Gilpin Ave.			e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) PHEBE		First	Middle	Lost	4. DATE OF DEATH November 27, 1967
5. SEX Female	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	ALMOND	Month Day Year
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Typist. Ret.		10b. KIND OF BUSINESS OR INDUSTRY Bank		9. AGE (In years last birthday) 67 yrs.	
10c. SOCIAL SECURITY NO. No.		16. SOCIAL SECURITY NO. 222-10-1285 A		17. INFORMANT Brother Address Mr. William P. Allmond, Crumpton, Md. 21828	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Occlusion</i> 4201 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <i>Septal + Ant Infar</i> DUE TO (c) <i>5 days</i> INTERVAL BETWEEN ONSET AND DEATH					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)					
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour o.m. p.m. 19		20d. INJURY OCCURRED While <input type="checkbox"/> Not While <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)	
21. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>					
ACTUAL SIGNATURE <i>C. Rodney Layton</i>		M.D.		CHIEF MEDICAL EXAMINER <input type="checkbox"/>	
EXAMINER'S NAME (Type) C. Rodney Layton, Centreville, Md.		ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>		DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		23b. DATE THEREOF Nov. 29, 1967		23c. NAME OF CEMETERY OR CREMATORIALy Silverbrook Crematory.	
23d. LOCATION (City or Town) Wilmington, Del.		23e. (County) (State)		23f. (County) (State)	
24. FUNERAL DIRECTOR Edward Fellows & Son, Millington, Md. 21651		ADDRESS		25a. REC'D BY REGISTRAR DATE OCT 1 1967	
25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>					



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15958

Item #2c Film #G395 11/21/67 ph

CERTIFICATE OF DEATH

15949

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.
 Page 4 may be retained by the hospital or attending physician.

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. PLACE OF DEATH a. COUNTY QUEEN ANNE'S MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE MARYLAND b. COUNTY QUEEN ANNE'S		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL STEVENSVILLE		c. LENGTH OF STAY IN 1b 184RS.		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Kent Fort Manor		e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) John David CAREY ROANE		First J	Middle D	
4. DATE OF DEATH November 15 1967		Month Nov	Day 15	
5. SEX Male		6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	
8. B. DATE OF BIRTH Sept. 4, 1903		9. AGE (In years lost birthday) 64 yrs.	10. IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OWNER + PRESIDENT		10b. KIND OF BUSINESS OR INDUSTRY Independent INSURANCE ADJUSTER	11. BIRTHPLACE (County & State, or foreign country) New York City, N.Y.	
13. FATHER'S NAME John William CAREY		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES 1920-1922		16. SOCIAL SECURITY NO. 217-22-3634	17. INFORMANT wife Address Kent Fort Manor	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 4201 Acute Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 20 min.		
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Previous Myocardial Infarctions		DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)				
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 21. I certify that (I) (this hospital) attended the deceased from 8-16, 1966 to 11-15, 1967, that (I) (we) last saw the deceased alive on 11-14, 1967 and that death occurred at 6:15 A.M. from causes and on the date stated above.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		20d. INJURY OCCURRED While <input type="checkbox"/> Not While <input type="checkbox"/> of work <input type="checkbox"/> of work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 22. SIGNATURE Ralph E. Libby, M.D.	20f. (City or town) GRASONVILLE (County) MARYLAND (State)
22c. PHYSICIAN'S NAME (Type) Ralph E. Libby, M.D.		22d. ADDRESS GRASONVILLE, MARYLAND		22b. DATE SIGNED 11-19-67
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF Nov. 18, 1967	23c. NAME OF CEMETERY OR CREMATORIAL Stevensville Cemetery	23d. LOCATION (City or Town) (County) (State) Stevensville, Q.A.C., Md.
24. FUNERAL DIRECTOR Jerry H. Burton Jr. Burton Bros. Cremerville, Md.		25a. REC'D BY REGISTRAR Charles Judge		25b. REGISTRAR'S SIGNATURE Charles Judge

